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CENTRAL FAX CENTER

FERENCE & ASSOCIATES LLC

JAN 2 3 2008

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USPTO FACSIMILE COVER SHEET

To:

Commissioner for Patents

Fax Number:

(517) 273-8300

Date:

January 23, 2008

Pages:

22 pages (including this cover sheet)

MESSAGE:

METHOD AND SYSTEM FOR CREATING AND ADMINISTERING INTERNET MARKETING PROMOTIONS

Examiner J. Janvier Serial No. 09/805,336

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

(696.003)

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FERENCE & ASSOCIATES LLC Amendment Transmittal

Atty. Docket No. 696.003

		IN THE UNIT	RECEIVED CENTRAL FAX CENTER									
In re A	pplicatio	n of	; .	Srinivasan et al.			JAN 23	2008				
Serial 1	Ňο.		:	09/805,336	Examiner:	Jean D.	Janvier					
Filed			:	March 13, 2001	Group Art Unit:	3622						
For			:	METHOD AND SYSTI	EM FOR CREATING ANING PROMOTIONS	ND ADM	IINISTERING	,				
P.O. Bo	x 1450	SSIONER FOR PATI 22313-1450	ents				•					
Sir:				÷								
	Transm	itted herewith is an A	Amend	ment in the above-identif	fied application.		•					
1.	×	Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.										
				OR								
2.				-	his conditional petition is rlooked the need for a pet	~	•					
3.	\boxtimes	Applicant is a small	l entity	/								
4.		Also enclosed:										
			g	ERTIFICATE OF TRANSMIS	SSION			•				
		- •		to as being attached or enclose D. Box 1450, Alexandria, VA	ed) is being facsimile transmitte 22313-1450.	ed on (571)	273-8300 on					

transmitting paper or fee)

(Signature of person transmitting paper or fee)

FERENCE & ASSOCIATES LLC

Atty. Docket No. 696.003

Amendment Transmittal

5.

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 \boxtimes No additional filing fee is required.

JAN 2 3 2008

 \boxtimes 6. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Prev. Paid for (Col. 2)		Present Extra		SMALL ENTITY					OTHER THAN A SMALL ENTITY			
	(Col. 1)	_				(Co	ıl. 3)		<u>RATE</u>	<u>FEE</u>			RATE	FEE	
Total	21	-	**	21		*	0	x	\$25	=	0	х	\$50	=	
Claims											R				
Ind.	2	-	***	3	=	*	0	х	\$100	=	0	x	\$200	=	
Claims											Ŕ				
Multiple Dependent Claim							+	\$180	=	0	+	\$360	· = ·		
Presen	red T										R				
									TOTAL	= \$	_ 0		TOTAL	= \$	
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- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.
- 7. Attached is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$____ filing fee required to the credit card identified in the EFS-Web payment screen.
- \boxtimes The Commissioner is hereby authorized to charge payment of any additional filing fees associated 8. with this communication or credit any overpayment to the credit card identified in the EFS-Web payment screen.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: <u>January 23, 2008</u>

Mailing Address: Customer No. 35195 FERENCE & ASSOCIATES LLC 409 Broad Street Pittsburgh, Pennsylvania 15143 (412) 741-8400 (412) 741-9292 - Facsimile